

California Income Tax Return for Qualified Funeral Trusts

541-QFT

For calendar year 2004 or short year beginning month _____ day _____ year 2004, and ending month _____ day _____ 2004.

Name of estate or trust

FEIN

P

Name and title of trustee

AC

Address of trustee (number and street, including PO Box, or rural route)

Suite no.

PMB no.

A

City

State

ZIP Code

R

RP

Check Applicable Boxes:

☐ Initial tax return ☐ Amended tax return ☐ Final tax return ☐ Change in trustee's name or address

Income	1	Interest income	1	
	2	Dividends	2	
	3	Capital gain or (loss). Attach Schedule D (541)	3	
	4	Other income. State nature of income	4	
	5	Total income. Combine line 1 through line 4	5	

Deductions	6	Taxes	6	
	7	Trustee fees	7	
	8	Attorney, accountant, and preparer fees	8	
	9	Other deductions NOT subject to the 2% floor	9	
	10	Allowable miscellaneous itemized deductions subject to the 2% floor	10	
11	Total deductions. Add line 6 through line 10	11		

Tax and Payments	12	Taxable income. Subtract line 11 from line 5	12	
	13	Tax from: <input type="checkbox"/> Tax Rate Schedule (see instructions) <input type="checkbox"/> Composite return Number of QFTs included on this tax return	13	
	14	Credits. Attach worksheet. If one credit, enter code. _____ If more than one credit, attach a detailed list	14	
	27	Tax liability. Subtract line 14 from line 13. See instructions	27	
	28	California income tax withheld	28	
	29	California income tax previously paid	29	
	31	2004 CA estimated tax, amount applied from 2003 tax return, and payment with form FTB 3563	31	
	32	Total Payments. Add line 28, line 29, and line 31	32	
	33	Tax due. If line 27 is larger than line 32, subtract line 32 from line 27 and enter the amount owed. Mail Form 541-QFT and the check or money order to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001	33	
	34	Overpaid tax. If line 27 is less than line 32, subtract line 27 from line 32 and enter the amount overpaid	34	
35	Amount of line 34 to be credited to 2005 estimated tax	35		
36	Amount of line 34 to be refunded. Mail Form 541-QFT to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0002	36		
41	Underpayment of estimated tax. Fill in circle: FTB 5805 <input type="radio"/> FTB 5805F <input type="radio"/>	41		

Please Sign Here	Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	Signature of trustee or officer representing fiduciary		Date
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours, if self-employed) and address		FEIN
			Telephone ()